OUL I ELINEIT I ENGOTINE INCIDIT.										
SECTION 1. INSTRUCTIONS										
Answer all questions completely. If question does not apply, write "NA." Write "UNKNOWN" only if you do not know the answer and it connot be ob- tained from personal records. If additional space is required use extra pages, same size as this and sign each page. Reference continued item by related section and item number.										
The Privacy Act, Public Law 93-579, requires that Federal agencies inform individuals when they are asked to provide their Social Security Account Number (SSN) whether the disclosure is mandatory or voluntary, by what authority such number is solicited and what uses will be made of the SSN. Disclosures by you of your SSN on this form is voluntary. The authority for this solicitation is Executive Order 9397. The number is used as a means to confirm your identity. Failure to provide your SSN may delay the processing of this reinvestigation.										
1. FULL NAME (Last-First-Middle-Maiden) 2. DATE OF BIRTH 3. PLACE OF BIRTH (City, State, Country) 4. SOC. SEC. NO.										
	DEBELIUS, JOHN W. 4/3/26 BALTINGRE, MD.									
SECTION II. MARITAL STATUS										
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried, SPEC: FY  (Middle) (Maideg)										
2.	NAME OF SPOUSE (Lest)  EBELIUS	ELI	ELIZADE TH		CHROIN.					
10/31/82 ST MARY'S CHURCH, BRANKSVILLE, MD										
4. DATE OF BIRTH  5. PLACE OF BIRTH (City, State, Country)  1. DADEST HOUNCAST.										
6. OCCUPATION 7. PRESENT EMPLOYER RESEARCH CHEMIST NATIONAL BUREAU OF STANDARDS										
<u>/ γ</u> . ε.	CITIZENSHIP		TIZENSHIP(S) COUNTRY(IES)		DATE U.S. OTTIZENSHIP ACQUIRED					
	2.1)	H	UNGARIAN		6 July 1965					
11. STATE DATE, PLACE, AND REASON FOR ALL DIVORCES OR ANNULMENTS										
NA.										
SECTION III. CHILDREN AND OTHER DEPENDENTS (Provide information for all children and dependents)										
	NAME	RELATIONSH:P	DATE & PLACE OF, BIRTH	CITIZENSHIP	ADDRESS					
J	OHN W. DEBELIUS III.	Son	KIEWARK, N.J. BALTIMORE, MD	0.5.	942 HORZON REN RD. GALMENSON					
DIRRY M. McKelly		DANCATER	BALTIMONE, MD.	(/ Y	1545 GIENMONT ST. GLENUM					
Ä	NEWE C. DERECUS	DAUGHTER	NEWARK I N. J	11.5	183 MATEROTRO, ADRIAN, M					
ELIZABETH. J. DEBELIUS DA		DAUCHTER.	BALTIMICAE, MO	0.5	19703 GRENSIDE TER CADWERSBURG, MAD					
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, SECTION IV. (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT										
F	1. NAME (Lost-First-Middle)  Yaczing Elizaboth		MOTHER- NI - LAW 3/0		Budapest Hungary					
(1)	5. CITIZENSHIP (Country) 6. ADDRESS OR COUNTRY IN WHICH RELATIVES RESIDES									
<b>(*</b> )	Hungarian		Hungary	· .						
	7. EMPLOYED BY HOMEMAKK		NONE	ACT (	CONTACT ONLY BY MALL					
(2)	1. NAME (Last-First-Middle)  Gyorik Zoltan F		2. RELATIONSHIP 3. DAT	e of B:RTH 4	BINGING ST. HUNGON					
	5. CITIZENSHIP (Country)		COUNTRY IN WHICH RELATIVE	RESIDES	Dogapes 1, Hongary					
	HUNGAMIAN 7. EMPLOYED BY		HUNGARY  5. FREQUENCY OF CONT	ACT S	9. DATE OF LAST CONTACT MAIL					
	Egyesult Jzzo		NONE		WITH SPANS					
SECTION V. EDUCATION										
CHARGERAUM CINTUENSITY LAW CENTER, GRADINGE PROGRAM 1/83 - 5/4										
SECTION VI. EMPLOYMENT HISTORY										
VOUNC & DEBELIUS & LAWYER CAITHERS BURG, MID 76 - 82										
YOUNG, DEBELOS & CLIFFORD GAIDNERS BURG, MID 96-82 YOUNG, DEBELOS & CLIFFORD GAIDNERS BURG MID 83-84 THOMAS L BEKAT, ESO GAIDNERS BURG MID 73-76										
THEMAS L BEKET, ESO, GAITHERSBURG MID 73-76										

SECTION VII.	RSONS TO BE NOTIFIED IN CASE OF EMERGEN	***************************************		
KAME (Last-First-Middle)	7	2. RELAT	ONSHIF	
DESELIUS EL	THOR THE	11/	ler	
3. HOME ADDRESS (Number, Street, City, State, Z.	IP Code)	4. HOME	EL EPHONE NUI	MBER
19803 (REENSIDE	TERRE CHAIRERSOUND MB 067	94	8-7995	
5. BUSINESS ADDRESS (Number, Street, City, State,		6. BUSINE	SS TELEPHONE	NUMBER & EXT.
PLOYER, OF APPLICABLE, REPLACE	OF TAND ARDS	Qu.		
NATIONAL BUREAU CA	OF STAND ARDS	72	/- 3 <i>33</i> -	6
7. IN CASE OF EMERGENCY, OTHER CLOSE REL	ATIVES (spouse, mother, father) MAY ALSO BE R REASONS. PLEASE IDENTIFY THE PERSONS NO	NOTIFIED. I	F SUCH NOTIFIC TIFIED AND TH	ATION IS NOT E REASON.
SECTION VIII. RESIDENCE	Since date of last PHS, if overseas residence indica	te only city a	nd country)	
	FIRST (Number, Street, City, State, Country) LUDE APARTMENT NUMBER(S)	16	CLUSIVE DATE	5 (Month & Year)
1983 GREENSIDE PER	GAITHERSBORG, MD 200	19 FRO	· 78	16. Pel
9421 WARFIELD RD	CAMPAGEAUNG MID		16	78
OLUTION IX,	THREE (3) SOCIAL REFERENCES RESIDING IN TH D NOT BE AN AGENCY EMPLOYEE. DO NOT INCL			
NAME	RESIDENTIAL ADDRESS	V	BUSINESS AD	CRESS
MAS. MARY O'CONNER.	3157 BORGE ST.			2.12
MR. EDMUND X KLIPA	6412 SEVEN CAKS OF			
MAGNIARUM GENTILE	14800 CLAUPE LANE			-
SECTION X. SUPERVISORS	- LIST YOUR CURRENT AND TWO PREVIOUS SUP	ERVISORS		
NAME	BUSINESS ADDRESS	TELEPHO	NE NO.	YEARS'KNOWN
	euisors		:	
FERMIN PARINOR W. YOUNG, Je	302 F. DIAMOND ANTO	Syc-	2232	8 Years
SECTION XI.	PERSONAL DECLARATIONS			
1. HAVE YOU BEEN ARRESTED, INDICTED, OR C	ONVICTED FOR ANY VIOLATION OF LAW (Other t	han for	Y ES (expli	in 1. 140
minor traffic violations) SINCE THE DATE OF YO	DUR LAST PHS?		below)	
2. SINCE THE DATE OF YOUR LAST PHS, HAVE LIFE WHICH MIGHT REQUIRE EXPLANATION?	THERE BEEN ANY UNFAVORABLE INCIDENTS IN	YOUR	YES (expl.	ain L
3. HAVE YOU USED ANY ILLEGAL, PROHIBITED PHS?	DRUGS OR NARCOTICS SINCE THE DATE OF YOU	PLAST	YES (expl	ain No
4. HAVE YOU HAD ANY NON-OFFICIAL CONTACT NOT PREVIOUSLY REPORTED?	RNMENT.	YES (exp)	lain NO	
SECTION XII. ADDITION	NAL REMARKS (USE ADDITIONAL SHEET IF NECE	SSARY)		
RE - SECTION IV	Bonner Do Chho	R.,.	Ź.	- 45
(4) Comment of Deservis	BROTHER, DOB 6B/29 SPAIN	) LXRM	LTIM L	GAE, MID
IN MADRIE.	SPAIN THIS TED FOR	א מינים נקון	- IN COM	
	SIGNATO		5/11/10/	
3/11/17		**************************************		